

ROCHESTER

-Minnesota-

FIRST CLASS CITY • FIRST CLASS SERVICE

ETHICS ORDINANCE DISCLOSURE FORM



AARON S, REEVES, ICMA-CM City Clerk 201 4th Street SE, Room 135 Rochester, MN 55904-3742 (507) 328-2900 FAX (507) 328-2901

NAME: Mary To Majerus
ADDRESS: 703 E Center St
CITY, STATE, ZIP CODE Rochester MN 55904
1. What is the name of your position, title or job title? Board Member of Rochester Zoning Board of Appeals
2. Is this an employed, appointed, or elected position?
3. What is the name of the City department in which you are employed, or City board, commission or elected body on which you serve? Planning & Zoning Dept - Zoneng Board of Appeals
4. When were you hired, appointed or elected to this position?

ointed or elected to this position?

March 2012

For questions 5, 6 and 7, the word "interest" means a substantial financial interest through your ownership of stocks, bonds, notes or other securities. The word "interest" also includes an interest arising from blood or marriage relationships or close business or political association or other personal relationships. The phrase "doing business" means engaged in any contractual relationship with the City or making application for such relationship or for any relief or benefit available from the City including, but not limited to, variance, permit, license or plat approval.

(SEE REVERSE SIDE)

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5. Please list your interests in real property within the City of Rochester, other than your homestead. Complete on a separate page if necessary.

15-13/2 St NW 17-13/2 St NW 1958 42 St NW

6. Please list any interests you have in a business doing business with the City.

None

7. Please list any interest you have in any business located within, or doing business in,

Healing Touch Aga, LLC
MJK Company LLC

8. List any and all employment.

Aelf employed

List any and all community, civic, or nonprofit organization of which you are a member. If you also serve in any such organization in a leadership or decision-making capacity, please note that capacity. (Please attach a sheet if additional space is needed.)

ESPNA - Board Member Impact finance - Board member

I hereby certify that the above information is complete and accurate.

Signature Signature

2/3/2015 Date

Please mail completed and signed form to: Aaron S. Reeves, ICMA-CM, City Clerk, City Hall, 201 4th Street SE, Room 135 Rochester, MN 55904-3742 2/3/14